

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO. **HX298542**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| OFFICER INFORMATION  |                              | INCIDENT INFORMATION   |  |
|--|------------------------------|--|--|
| NAME (LAST - FIRST - M.I.)<br>NAVARRO JR, JESUS  |                              | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR<br><b>ADDRESS OF OCCURRENCE</b><br><b>2101 W NORTH AVE</b>   |  |
| STAR NO.<br>16078  | POSITION<br>POLICE OFFICER   | CITY <input checked="" type="checkbox"/> CHICAGO   | STATE (If outside Chicago)<br>_____          |
| DATE OF APPOINTMENT<br>31-OCT-2005   | EMPLOYEE NO.<br>_____        | LOCATION CODE<br>304-STREET      BEAT OF OCCURRENCE<br>1424  |  |
| UNIT OF ASSIGNMENT<br>014  | BEAT/CALL NO.<br>1481B       | DATE OF OCCURRENCE<br>10-JUN-2014  | TIME<br>23:55:00      DAY OF WEEK<br>TUESDAY |
| SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F  | RACE<br>ASIAN/PACIFIC ISLAND | NO. OF OFFICERS BATTERED <u>5</u>  |  |
| HEIGHT<br>504  | WEIGHT<br>152                | WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES   2. <input type="checkbox"/> NO<br>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>8</u>   |  |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED   |                              |  |  |
| <input checked="" type="checkbox"/> 1. ON DUTY<br><input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY<br><input type="checkbox"/> B. UNIFORM, OTHER DUTY<br>Describe _____<br><br><input type="checkbox"/> C. CITIZEN'S DRESS<br><input type="checkbox"/> D. TACTICAL<br><input type="checkbox"/> E. B.I.S. UNIT<br><input type="checkbox"/> F. SPECIAL EMPLOYMENT<br><input type="checkbox"/> G. OTHER _____<br><br><input type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER                                   |                              | <b>WORKING:</b><br><input type="checkbox"/> A. ALONE<br><input checked="" type="checkbox"/> B. WITH ONE PARTNER<br><input type="checkbox"/> C. WITH MULTIPLE PARTNERS<br><br>How many?<br>_____<br><b>PATROL TYPE:</b><br><input checked="" type="checkbox"/> A. SQUAD CAR<br><input type="checkbox"/> B. FOOT<br><input type="checkbox"/> C. BICYCLE<br><input type="checkbox"/> D. APV/MOTORCYCLE<br><input type="checkbox"/> E. SQUADROL<br><input type="checkbox"/> F. OTHER _____ |  |
| MANNER OF ATTACK   |                              |  |  |
| <input type="checkbox"/> 01. SHOT<br><input type="checkbox"/> 02. SHOT AT<br><input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)<br><input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)<br><input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)   |                              |  |  |
| TYPE OF WEAPON/THREAT  |                              |  |  |
| (Check all that apply):<br><input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> D. HANDS/FISTS<br><input type="checkbox"/> B. VEHICLE <input type="checkbox"/> E. FEET<br><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)<br><input type="checkbox"/> I. BLUNT INSTRUMENT<br><br><input type="checkbox"/> 1. REVOLVER<br><input type="checkbox"/> 2. SEMI-AUTOMATIC<br><input type="checkbox"/> 3. RIFLE<br><input type="checkbox"/> 4. SHOTGUN<br><br><input checked="" type="checkbox"/> B. OTHER (SPECIFY)<br>_____ |                              |  |  |
| TYPE OF ACTIVITY   |                              |  |  |
| <input type="checkbox"/> A. AMBUSH-NO WARNING<br><input type="checkbox"/> B. TRAFFIC STOP/PURSUIT<br><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON<br><input type="checkbox"/> D. DISTURBANCE - DOMESTIC<br><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT<br><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER<br><input type="checkbox"/> G. DISTURBANCE - OTHER<br><input type="checkbox"/> H. MAN WITH A GUN<br><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)<br>CHARGE _____      IUCR CODE _____                              |                              |  |  |
| <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)<br>ORIGINAL CHARGE _____      ORIGINAL IUCR CODE _____   |                              |  |  |
| <input checked="" type="checkbox"/> K. OTHER   |                              |  |  |
| TYPE OF INJURY TO OFFICER  |                              | OFFENDER INFORMATION   |  |
| <input type="checkbox"/> A. FATAL<br><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries)<br><input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)<br><input checked="" type="checkbox"/> D. NONE APPARENT/NONE  |                              | SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F      RACE <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F <b>WHITE</b> DOB<br>CB NO. <b>18912094</b> IR NO. <b>106972</b>  |  |
| LIGHTING CONDITIONS AT INCIDENT  |                              | WEATHER CONDITIONS   |  |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK<br><input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT<br><input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD  |                              | <input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER<br><input checked="" type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> H. SEVERE CROSS WIND<br><input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND   |  |
| APPROXIMATE OUTDOOR TEMPERATURE: <b>60 °F</b>  |                              |  |  |

REPORTING MEMBER - SIGNATURE  
NAVARRO JR, JESUS

STAR NO.  
16078

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
ALEXANDER, DANA

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